CITY OF WESTMINSTER
APPLICATION FOR AN INDUSTRIAL WASTE DISCHARGE PERMIT

DATE OF APPLICATION: _____

BUILDING PERMIT NUMBER(S) (if applicable)

_____

PRINTS: YES: _____ NO: _____

Office use only:
Date Received: _____
Date Reviewed: _____
Permitted: Yes: _____ **No:** _____
Date Engineering Notified: _____
Date Permits and Code Management Notified: _____
Date Business Notified: _____

BUSINESS INFORMATION:

1. Name of Business:_____

2. Mailing Address:_____

_____

e-mail address: _____
(optional)

3. Name of Responsible Person: _____

Title: _____

4. Business Telephone Number:_____Fax:_____

5. Type of Business:_____

_____

6. List products that will be manufactured at this facility:_____

_____

7. List all Standard Industrial Classification Codes with description that apply to this facility:_____

_____

8. List any waste haulers, EPA Permit Numbers or Hazardous Waste Permit Numbers held by or for this facility:_____

_____

EMPLOYEE AND OPERATIONAL INFORMATION:

9. Number of Employees: Average:_____ Maximum:_____ Minimum:_____

10. Any seasonal variations in the number of employees:_____

_____

11. Plant Information:

A. Number of work days per week:_____
B. Number of shifts per day:_____
C. Number of hours per shift:_____
D. Holidays Observed:_____
E. Seasonal Variations:_____

12. Provide a description of the process or processes that result in a liquid discharge to the sanitary sewer:_____

_____

_____

_____

WASTE DISCHARGE:

13. Provide a list of raw materials and chemicals that are used at this facility. _____

_____

_____

_____

14. Gallons per day discharged:

A. Process and/or manufacturing: _____
B. Cooling Tower*: _____
C. Domestic: _____
Total: _____

15. Method of flow measurement used: _____

16. Normal time of discharge from the manufacturing process(s): From: _____ To: _____

17. Is discharge a batch discharge or flow proportional to the manufacturing process: _____

_____

* If cooling towers are used please provide information about the towers.
(blow downs, rates, scaling chemicals used, biocides used, etc.)

18. Will the wastewater from this facility contain any of the following:

ITEM	YES* / NO	CONCENTRATION
FATS OIL & GREASE		
GASOLINE OR FLAMMABLE PRODUCTS		
DYE OR DYE WASTE		
INK OR INK WASTE		
RADIOACTIVE MATERIAL		
TOXIC OR POISONOUS SUBSTANCES		
ARSENIC		
CADMIUM		
CHROMIUM		
COPPER		
LEAD		
NICKEL		
SILVER		
ZINC		
MERCURY		
CYANIDE (FREE OR AMENABLE TO CHLORINE)		
PHENOLS		
INSECTICIDES OR PCB's		
PHOTOGRAPHIC DEVELOPER / FIXER		
TOXIC ORGANIC COMPOUNDS		
AND ANYTHING ELSE / PLEASE LIST		

* If yes has been answered for any of the above (except for photographic developer / fixer) list than the waste stream shall be tested by a reliable analytical laboratory. Sampling and analysis shall be performed in accordance with procedures established by the EPA pursuant to Section 304(G) of the Clean Water Act and contained in 40 CFR, Part 136 as amended.

19. If the concentration of the following is known, please specify:

Item	Concentration
BOD_5	_____mg/l
Suspended Solids	_____mg/l
pH	_____s.u.
Temperature	_____°F

20. Are there Industrial Waste Pretreatment Facilities contemplated or now in use? If so, give a description including operational characteristics. (Attach facility diagram or prints)_____

_____

_____

_____

_____

MISCELLANEOUS

21. Does the wastewater entering the sanitary sewer contain any of the following?

A. Storm Water or Roof Run Off: Yes: _____ No: _____

B. Subsurface Drainage: Yes: _____ No: _____

C. Uncontaminated Cooling Water: Yes: _____ No: _____

D. Unpolluted Industrial Process Water: Yes: _____ No: _____

If you answered, "Yes" to any of the above, please explain: _____

_____

_____

22. Attach Plans showing the following:

A. Sanitary Sewer Hook - ups.
B. Floor Drains
C. Process Discharge
D. Pretreatment Facilities (if apply)
E. Flow Meters
F. Other Appurtenances

Incomplete or inaccurate application will not be processed and will be returned to the applicant for completion or revisions. <u>Applications without notarization will not be accepted.</u>

PREPARED BY:

_____

TITLE: _____

DATE: _____

THIS FORM MUST BE NOTARIZED AND RETURNED WITH THE APPLICATION FOR AN INDUSTRIAL WASTE DISCHARGE PERMIT.

STATE OF:_____

COUNTY OF _____

ON THIS, THE _____ DAY OF _____ 20____, BEFORE THE

UNDERSIGNED OFFICER, PERSONALLY APPEARED _____,
(NAME)

WHO ACKNOWLEDGED HIMSELF/HERSELF TO BE THE _____ OF
(TITLE)

_____, AND THAT HE/SHE AS SUCH _____
(INDUSTRY) (TITLE)

BEING AUTHORIZED TO DO SO, EXECUTED THE FOREGOING INSTRUMENT FOR

THE PURPOSES THEREIN CONTAINED BY SIGNING THE NAME OF THE INDUSTRY

BY HIMSELF/HERSELF AS _____
(TITLE)

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND SEAL

_____

(SEAL)